

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 5-RC-247510	Date Filed 9/3/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer:
Packaging Corporation of America

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
435 Gitts Run Road, Hanover, Pa 17331

3a. Employer Representative - Name and Title:
David Jones - Production Manager

3b. Address (if same as 2b - state same):
Same

3c. Tel. No. (717) 637-3758 **3d. Cell No.** **3e. Fax No.** **3f. E-Mail Address**
Gslabowski@Packagingcorp.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Sheet Mill

4b. Principal Product or Service
Paper Products

5a. City and State where unit is located:
Hanover, Pa

5b. Description of Unit involved:
Included:
All Production and Maintenance Employees
Excluded:
Temporary and office clerical employees, and supervisors as defined by the act.

6a. Number of Employees in Unit:

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) Petition serves as re (if no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state)
None

8b. Address:

8c. Tel. No. **8d. Cell No.** **8e. Fax No.** **8f. E-Mail Address**

8g. Affiliation, if any: **8h. Date of Recognition or Certification** **8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (if none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: Manual Mail Mixed Manual/Mail

11b. Election Date(s): 9/18/19 **11c. Election Time(s):** 6:15a-7:45a and 2:00p - 3:30p **11d. Election Location(s):** employers conference room

12a. Full Name of Petitioner (including local name and number):
United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International

12b. Address (street and number, city, State and ZIP code):
60 Blvd of the Allies, Organizing Dept, Pittsburgh Pa 15222

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International Union

12d. Tel. No. 724-920-4921 **12e. Cell No.** 724-920-4921 **12f. Fax No.** **12g. E-Mail Address** bhall@usw.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.
13a. Name and Title: Bernie Hall - Staff Representative

13b. Address (street and number, city, State and ZIP code):
60 Blvd of the Allies, Organizing Dept, Pittsburgh Pa 15222

13c. Tel. No. 724-920-4921 **13d. Cell No.** 724-920-4921 **13e. Fax No.** **13f. E-Mail Address** bhall@usw.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Bernie Hall	Signature 	Title Staff Representative	Date 09/03/19
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 5-RC-247656	Date Filed 9/4/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer TRANSDEV	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 8101 CINDERBED RD., LORTON, VA 22079
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3a. Employer Representative - Name and Title TERRY THOMPSON. AREA GENERAL MANAGER	3b. Address (If same as 2b - state same) 4970 ALLIANCE DR., FAIRFAX, VA 22035
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3c. Tel. No. 703.339.3224	3d. Cell No. 813.785.8906	3e. Fax No. 703.339.0238	3f. E-Mail Address terence.thompson@transdev.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) TRANSPORTATION CONTRACTOR	4b. Principal product or service	5a. City and State where unit is located:
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5b. Description of Unit Involved Included: ALL FULL-TIME & PART-TIME BUS OPERATORS EMPLOYED BY THE EMPLOYER AT ITS HUNTINGTON DIVISION 152 FACILITY LOCATED IN LORTON, VA Excluded: ALL PROFESSIONAL OFFICE EMPLOYEES, GUARDS AND SUPERVISORS AS DEFINED IN THE ACT.	6a. No. of Employees in Unit: 225 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) **8/27/2019** and Employer declined recognition on or about _____ (Date) (if no reply received, so state). **NO REPLY**

7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state). AMALGAMATED TRANSIT UNION LOCAL 1764	8b. Address 10000 NEW HAMPSHIRE AVE., SILVER SPRING, MD 20903
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8c. Tel. No. 301.431.7100	8d. Cell No. 202.826.4845	8e. Fax No. 301.431.7117	8f. E-Mail Address 1764atu@gmail.com
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8g. Affiliation, if any AFL-CIO	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 11/30/2019
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? **NO** If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (if none, so state)
INTERNATIONAL BROTHERHOOD OF TEAMSTERS LOCAL 639

10a. Name MARK GRINEVICIUS	10b. Address 3130 AMES PL., BE WASHINGTON DC., 20018	10c. Tel. No. 202.636.8170 x212	10d. Cell No. 212.515.1186
		10e. Fax No. 202.529.9382	10f. E-Mail Address mgrinevicius@local639.org

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): September 23, 2019	11c. Election Time(s): 10:30am to 6:30pm	11d. Election Location(s): 8101 CINDERBED RD., LORTON, VA 22079
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12a. Full Name of Petitioner (including local name and number) CONNECTOR OPERATORS UNITED FOR THE PENSION LOCAL 152	12b. Address (street and number, city, state, and ZIP code)
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) N/A


12d. Tel No.	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title TONJA BELL ORGANIZER	13b. Address (street and number, city, state, and ZIP code) 1934 RAINBOW CT., WOODBRIDGE, VA 22192
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13c. Tel No. 703.357.7194	13d. Cell No. SAME	13e. Fax No. 703.997.8033	13f. E-Mail Address tonja.bell@yahoo.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Tonja A. Bell	Signature 	Title Organizer	Date 9.4.2019
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 5-RC-248040	Date Filed 9/11/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
Aecom

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
78 Cristwood Lane Lexington, VA 24450

3a. Employer Representative - Name and Title
Lester Jordan- Director, Employee and Labor Relations

3b. Address (if same as 2b - state same)
Same

3c. Tel. No.

3d. Cell No.
301-526-0093

3e. Fax No.

3f. E-Mail Address
lester.jordan@aecom.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Federal Office Building

4b. Principal product or service
Facilities Office of Logistics

5a. City and State where unit is located:
NGA, Ft. Belvoir, VA

5b. Description of Unit Involved

Included: All Fulltime and Regular part time Office of Logistics employees, to include mail room clerks, material handlers, bus drivers, couriers, and inventory specialists. Employed by the employer at NGA, Ft. Belvoir, VA

Excluded: All clerical employees, all managers, all guards and supervisors as defined by the Act.

6a. No. of Employees in Unit:
40

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) **9/11/19** and Employer declined recognition on or about **no reply** (Date) (if no reply received, so state).

7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).
None

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **No** If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or Individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and Individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name
NONE

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: Manual Mail Mixed Manual/Mail

11b. Election Date(s):
10/11/19

11c. Election Time(s):
US Mail

11d. Election Location(s):
US Mail

12a. Full Name of Petitioner (including local name and number)
International Union of Operating Engineers, Local 99

12b. Address (street and number, city, state, and ZIP code)
9315 Largo Drive West, Suite 200 Largo, MD 20774

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Union of Operating Engineers

12d. Tel No.
202-337-0099 Ext.123

12e. Cell No.
202-744-9519

12f. Fax No.
240-716-3956

12g. E-Mail Address
kgraham@iuoelocal99.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title
Keith J. Graham, Organizer

13b. Address (street and number, city, state, and ZIP code)
9315 Largo Drive West, Suite 200 Largo, MD 20744

13c. Tel No.
202-337-0099

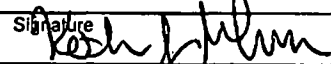
13d. Cell No.
202-744-9519

13e. Fax No.
240-716-3956

13f. E-Mail Address
kgraham@iuoelocal99.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
Keith J. Graham

Signature


Title
Organizer

Date
9/11/19

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
5-RC-248082

Date Filed
9/12/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer:
The National Endowment for Democracy

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
1025 F St. NW, Washington, DC, 20004

3a. Employer Representative - Name and Title:
Carl Gershman

3b. Address (if same as 2b - state same):
Same

3c. Tel. No.: (202) 378-9700

3d. Cell No.:

3e. Fax No.:

3f. E-Mail Address: carlg@ned.org

4a. Type of Establishment (Factory, mine, wholesaler, etc.):
Nonprofit

4b. Principal Product or Service:
Grants and democratic programs

5a. City and State where unit is located:
Washington, DC

5b. Description of Unit Involved:
Included:
See attached page 2

Excluded:
See attached page 2

6a. Number of Employees in Unit:
150

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state).

7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state):
None

8b. Address:

8c. Tel. No.:

8d. Cell No.:

8e. Fax No.:

8f. E-Mail Address:

8g. Affiliation, if any:

8h. Date of Recognition or Certification:

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year):

9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? _____

(Name of Labor Organization) _____ has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
None

10a. Name:

10b. Address:

10c. Tel. No.:

10d. Cell No.:

10e. Fax No.:

10f. E-Mail Address:

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:

11a. Election Type: Manual Mail Mixed Manual/Mail

11b. Election Date(s):
Sept. 26, 2019

11c. Election Time(s):
8:30a-11:00a; 3:00p-6:00p

11d. Election Location(s):
Finance Conference Room, NED

12a. Full Name of Petitioner (including local name and number):
Grace Reckers, OPEIU Local 2

12b. Address (street and number, city, State and ZIP code):
8555 16th St. Suite 550, Silver Spring, MD, 20910

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
Office and Professional Employees International Union (OPEIU)

12d. Tel. No.: (925) 389-8168

12e. Cell No.:

12f. Fax No.:

12g. E-Mail Address: gracereckers@gmail.com

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title:
Jim Wallington, Attorney

13b. Address (street and number, city, State and ZIP code):
1150 Connecticut Ave. NW, Suite 315, Washington, DC, 20036

13c. Tel. No.: (202) 223-0723

13d. Cell No.:

13e. Fax No.:

13f. E-Mail Address: jwallington@bapwild.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Grace Reckers Signature Grace Reckers Title Organizer Date 9/12/19

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Positions Included:

All full-time and regular part-time NED employees employed by the employer at 1025 F St., NW, Washington, DC in the following classifications: Accountants, Accounts Payable Specialists, Archivists, Assistant Digital Producers Assistant Program Officers, Assistant and Outreach Officers, Assistants to the VP/Editors, Associate Editors, Auditors, Budget & Finance Compliance Officers, Deputy Editors, Digital Policy Specialists, Digital Producers, Engineers, Financial Grants Accounting Officers, Grants Assistants, Grants Dispersement Specialists, Grants Officers, Jr. Systems Administrators, Librarians, Library Assistants, Logistics and Procurement Officers, Managing Editors, Managing Grants Officers, Office Services Assistants, Office Services Supervisors, Program Assistants, Program Coordinators, Program Officers, Project Managers, Project Officers, Public Affairs Coordinators, Public Affairs Officers, Research Managers and Editors, Senior Accountants, Senior Auditors, Senior Digital Strategists, Senior Grants Officers, Senior Managers of Digital Strategy, Senior Program Officers, Senior Resource Officers, Senior Systems Engineers, Solutions Officers, and Special Assistants.

Positions Not Included:

Managerial employees, temporary employees, confidential employees, guards, and supervisors as defined by the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 5-RC-248411	Date Filed 9/17/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer Paragon Systems, Inc.	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 830 1st Street NE DC Washington 20002-
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3a. Employer Representative - Name and Title Laural Hagan	3b. Address (If same as 2b - state same) 13900 Lincoln Park Drive Suite 300 VA Herndon 20171-
---	--

3c. Tel. No. (703) 263-7176	3d. Cell No. (865) 266-0383	3e. Fax No. (703) 263-9527	3f. E-Mail Address lhagan@parasys.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Others	4b. Principal product or service Protective Security Services	5a. City and State where unit is located: Washington, DC
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5b. Description of Unit Involved Included: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 25
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Excluded: See Attached Page 2 for additional details	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Check One: **7a.** Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).

7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). National Association of Special Police and Security Officers (NASPSO) Gaby L Fraser	8b. Address 10 G Street NE Suite 600 DC Washington 20002-
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8c. Tel No. (202) 582-6006	8d Cell No. (202) 487-3438	8e. Fax No.	8f. E-Mail Address frasergaby@aol.com
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 09/30/2016
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): Friday 18, 2019	11c. Election Time(s): 10:00AM - 4:00PM	11d. Election Location(s): Union Center Plaza - 830 1st Street NE, Washington, D.C. 20002
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12a. Full Name of Petitioner (including local name and number) Adiele Ikpe Ukwu Protective Security Officer Members Union of America (PSOMUA)	12b. Address (street and number, city, state, and ZIP code) 9727 Mount Pisgah Road Apt. 1208 MD Silver Spring 20903-2012
--	---

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) None
--

12d. Tel No. (240) 704-5280	12e. Cell No. (240) 704-5280	12f. Fax No.	12g. E-Mail Address aukwu.psomua@gmail.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.
--

13a. Name and Title	13b. Address (street and number, city, state, and ZIP code)
----------------------------	--

13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
---------------------	----------------------	---------------------	----------------------------

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
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Name (Print) Adiele Ikpe Ukwu	Signature Adiele Ikpe Ukwu	Title President	Date 09/17/2019 15:05:47
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case 5-RC-248411	Date Filed 9/17/19

Employees Included

All full-time and regular part-time protective security officers and sergeants employed by the Employer at the Department of Education, Currently located at 830 1st Street NE, Washington, D.C. 20002.

Employees Excluded

All professional employees, clerical employees, managers and supervisors as defined in the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. **5-RC-248683**

Date Filed

9/23/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
Wisemettac Asian Foods, Inc.

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
7445 New Ridge Road, Suite R-V, Hanover, MD 21076

3a. Employer Representative - Name and Title
Ronald Mascis

3b. Address (if same as 2b - state same)

3c. Tel. No.
410-540-4990

3d. Cell No.

3e. Fax No.
410-796-8101

3f. E-Mail Address
Ron.mascis@wisemettacusa.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Warehouse

4b. Principal product or service
Asian Foods, etc.

5a. City and State where unit is located:
Hanover, MD

5b. Description of Unit Involved
Included: All full-time and part-time warehouse and drivers employed at the above address.
Excluded: All other classifications, clerical, temporary employees, supervisors and professional employees as defined in the act.

6a. No. of Employees in Unit:
32

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No

Check One: **7a. Request for recognition as Bargaining Representative was made on (Date) no _____ and Employer declined recognition on or about _____ (Date) (if no reply received, so state).**
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).

8b. Address

8c. Tel No.

8d Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? no If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (if none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: Manual Mail Mixed Manual/Mail

11b. Election Date(s):
October 21, 2019

11c. Election Time(s):
6:00 a.m. to 9:30 a.m.

11d. Election Location(s):
Conference

12a. Full Name of Petitioner (including local name and number)
Teamster Local 570

12b. Address (street and number, city, state, and ZIP code)
6910 Eastern Avenue, Baltimore, MD 21224

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Brotherhood of Teamsters

12d. Tel No.
410-284-5081

12e. Cell No.

12f. Fax No.
410-282-7185

12g. E-Mail Address
Team570@comcast.net

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Moses Jackson, Vice President

13b. Address (street and number, city, state, and ZIP code)
6910 Eastern Avenue, Baltimore, MD 21224

13c. Tel No.
410-284-5081

13d. Cell No.

13e. Fax No.
410-282-7185

13f. E-Mail Address
Team570@comcast.net

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
Moses Jackson

Signature
Moses Jackson

Title
Vice President

Date
9-23-19

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

DO NOT WRITE IN THIS SPACE	
Case No. 5-RC-248760	Date Filed 9/24/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer: Beacon Hotel & Corporate Quarters	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1615 Rhode Island Ave NW, Washington, DC 20036
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3a. Employer Representative - Name and Title: Gary Burke ,General Manager	3b. Address (if same as 2b - state same): same
---	--

3c. Tel. No. 202-296-2100 ext.1765	3d. Cell No.	3e. Fax No.	3f. E-Mail Address gburke@beaconhotelwdc.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hotel and Corporate Residence	4b. Principal Product or Service Hospitality	5a. City and State where unit is located: Washington, DC
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5b. Description of Unit Involved: Included: all fulltime and regular part-time engineering staff employed by the employer Excluded: all Managers, clerical employees, guards and supervisors as defined by the act.	6a. Number of Employees in Unit: 3	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 09-24-2019 and Employer declined recognition on or about (Date) _____ (if no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state) none	8b. Address:
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any:	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
none

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: Manual Mail Mixed Manual/Mail

11b. Election Date(s): 10-22-19	11c. Election Time(s): 1130-1230pm	11d. Election Location(s): Maintenance Break Room
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12a. Full Name of Petitioner (including local name and number): International Union of Operating Engineers , Local 99	12b. Address (street and number, city, State and ZIP code): 9315 Largo Drive West, Upper Marlboro,MD 20774
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
International Union of Operating Engineers

12d. Tel. No. 202-337-0099	12e. Cell No. 202-253-5440	12f. Fax No. 240-716-3956	12g. E-Mail Address eclifford@hotmail.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.	
13a. Name and Title: Eamon M. Clifford , Lead Organizer	13b. Address (street and number, city, State and ZIP code): 9315 Largo Drive West, Upper Marlboro,MD 20774

13c. Tel. No. 202-337-0099	13d. Cell No. 202-253-5440	13e. Fax No. 240-716-3956	13f. E-Mail Address eclifford@hotmail.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Eamon M. Clifford	Signature 	Title Lead Organizer	Date 9-24-19
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. **5-RC-249017**

Date Filed **9/30/19**

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer
RMA Worldwide Chauffeured Transportation

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
1700 Cherry Hill Road
MD Baltimore 21230-

3a. Employer Representative - Name and Title
Marvin Villatoro

3b. Address (If same as 2b - state same)
1700 Cherry Hill Road
MD Baltimore 21230-

3c. Tel. No.
(202) 281-8251

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
mvillatoro@rmailimo.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Transportation

4b. Principal product or service
Passenger Transportation

5a. City and State where unit is located:
Baltimore, MD

5b. Description of Unit Involved

Included: See Attached Page 2 for additional details

Excluded: See Attached Page 2 for additional details

6a. No. of Employees in Unit:
45

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No

Check One: **7a.** Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).

7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).

8b. Address

8c. Tel No.

8d Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: Manual Mail Mixed Manual/Mail

11b. Election Date(s):
October 18, 2019

11c. Election Time(s):
6:30 a.m. to 5:00 p.m.

11d. Election Location(s):
Breakroom at 1700 Cherry Hill Road

12a. Full Name of Petitioner (including local name and number)
Javier M. Perez Jr.
Amalgamated Transit Union Local 1764

12b. Address (street and number, city, state, and ZIP code)
10000 New Hampshire Ave.
MD Silver Spring 20903-1790

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Amalgamated Transit Union

12d. Tel No.
(301) 431-7100

12e. Cell No.

12f. Fax No.

12g. E-Mail Address
jperez@atu.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title
Daniel B. Smith
AMALGAMATED TRANSIT UNION

13b. Address (street and number, city, state, and ZIP code)
10000 New Hampshire Ave.
MD Silver Spring 20903-1790

13c. Tel No.
(301) 431-7100

13d. Cell No.
(202) 714-4219

13e. Fax No.

13f. E-Mail Address
dsmith@atu.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
Daniel B. Smith

Signature
Daniel B. Smith

Title

Date
09/30/2019 07:20:37

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case 5-RC-249017	Date Filed 9/30/19

Employees Included

All full-time and regular part-time bus operators and dispatchers employed by the Employer at its facility currently located at 1700 Cherry Hill Road in Baltimore, Maryland.

Employees Excluded

All other employees, maintenance employees, office clericals, managerial employees, guards and supervisors as defined in the Act.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

5-RD-248558

Date Filed

9/19/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
Strategic Technology Institute Inc.
2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)
6000 Executive Blvd, Suite 205 Rockville, MD 20852

3a. Employer Representative - Name and Title
Alexander Chopra
3b. Address (If same as 2b - state same)
Same as 2b

3c. Tel. No. 301-770-7077 **3d. Fax No.** 301-881-8488 **3e. Cell No.** **3f. E-Mail Address** alexesti-inc.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Defense contractor
4b. Principal product or service
DoD maintenance, repair and overhaul

5a. Description of Unit Involved
Included: All full-time and regular part-time aircraft mechanics 1, 2 & 3, aircraft workers, aircraft logs records clerks, aircraft logs and records technicians, tool and parts attendants, technical order report clerks, supply technicians, and computer operators 3's.
Excluded: office clerical employees, professional employees, managerial employees, guards, IT techs and supervisors
5b. City and State where unit is located:
Norfolk Virginia

6. No. of Employees in Unit 40 **7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative?** Yes No

8a. Name of Recognized or Certified Bargaining Agent
International Association of Machinists and Aerospace Workers
8b. Affiliation, if any
AFL-CIO

8c. Address
9000 machinists pl,
upper marlboro, MD. 20772
8d. Tel. No. 301-967-4500 **8e. Cell No.**
8f. Fax No. **8g. E-Mail Address**

9. Date of Recognition or Certification
June 3, 2016 **10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**
June 2, 2019

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? Yes No **11b. If so, approximately how many employees are participating?**

11c. The Employer has been picketed by or on behalf of (Insert Name)
(Insert Address) a labor organization, of since (Month, Day, Year)

12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)

12a. Name
Larrt Battle
I AMAW DISTRICT 74
PCW. DISTRICT 74
12b. Address
5307 East Virginia Beach Blvd
Norfolk VA. 23502
12c. Tel. No. 466-7665 (757) 513-8599 **12d. Fax No.** (757) 461-7921
12e. Cell No. (757) 513-8599 **12f. E-Mail Address** lbattle@isfr.zf74@gmail.com

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. **13a. Election Type:** Manual Mail Mixed Manual/Mail

13b. Election Date(s) **13c. Election Time(s)** **13d. Election Location(s)**

14. Full Name of Petitioner
(b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)

14a. Address (Street and number, city, state, ZIP code)
(b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)
14b. Tel. No. **14c. Fax No.**
14d. Cell No. (b) (6), (b) (7)(C) **14e. E-Mail Address** (b) (6), (b) (7)(C)

14f. Affiliation, if any

15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

15a. Name
(b) (6), (b) (7)(C) (b) (6), (b) (7)(C)
15b. Title
(b) (6), (b) (7)(C) (b) (6), (b) (7)(C)

15c. Address (Street and number, city, state, ZIP code)
(b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)
15d. Tel. No. **15e. Fax No.**
15f. Cell No. (b) (6), (b) (7)(C) **15g. E-Mail Address** (b) (6), (b) (7)(C)

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) (b) (6), (b) (7)(C) **Signature** (b) (6), (b) (7)(C) **Title** (b) (6), (b) (7)(C) **Date Filed** 09/12/2019

WILLFUL FALSE STATEMENTS ON T AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)